

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ben Hauck Estates  
1739 Kevin St  
Jenison, Ohio  
45638

## 2. Article Number

(Transfer from)

7003 2260 0002 6723 3326

PS Form 3811, August 2001

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X <sup>without PRES.</sup> Ben Hauck R. Hauck ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

6-12-04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

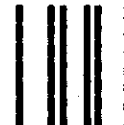
☐ Yes

Domestic Return Receipt

102595-02-M-1540

SSB Doc 54 01-541

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK  
U. S. DISTRICT COURT  
Rm. 324 U. S. Courthouse  
5th & Walnut Streets  
Cincinnati, Ohio 45202



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## 1. Article Addressed to:

Beuford Hank  
1739 Kevin St  
Lorton, Ohio  
45638

## 2. Article #

7003 2260 0002 6723 3289

(Transfer from service label)

PS Form 3811, August 2001

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Without PRET.  
X Beuford E Hank☐ Agent☐ Addressee

## B. Received by (Printed Name)

C. Date of Delivery

6-12-04

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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OFFICE OF THE CLERK  
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X-RAY ☒

5202+3110



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## 1. Article Addressed to:

Wm Comer  
1739 Kevin St  
Houston, Ok.

2. Article  
(Transit)

7003 2260 0002 6723 3319

PS Form 3811, August 2001

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*W. Comer* *Pres.* ☐ Agent  
*XB4 2260 0002 6723 3319* ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

*6-12-04*

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

Doc 54 01-541

SSB

UNITED STATES POSTAL SERVICE

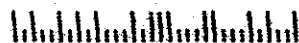


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USPS  
Permit No. G-10

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OFFICE OF THE CLERK  
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Cincinnati, Ohio 45202

WEDNESDAY  
U.S. MAIL SERVICE



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE	
<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
1. Article Addressed to: Barbara Heuch 173a Kenni St. Ironton, Oh. 45638	
2. Article <span style="float: right;">7003 2260 0002 6723 3302</span> <small>(Transfer from service label)</small>	
<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Signature <span style="float: right;"><input type="checkbox"/> Agent</span> X <i>Barbara Heuch</i> <span style="float: right;"><input type="checkbox"/> Addressee</span>	
B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <span style="float: right;">6-2-04</span>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Doc 54 01-541 SSR

UNITED STATES POSTAL SERVICE

**CERTIFIED MAIL**



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USPS  
Permit No. G-10

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